

APPENDIX E

An Excerpt of Behind Closed Doors Gender, Sexuality, and Touch in the Doctor/Patient Relationship Angelica Redleaf with Susan A Baird

SEXUAL MISCONDUCT RISK FACTOR ANALYSIS

PURPOSE: The Risk Factor Analysis (RFA) is a tool that can be used to quickly evaluate your current risk level for sexual misconduct.

This questionnaire was created by Ben Benjamin, Ph.D., and Angelica Redleaf, D.C.; some portions are adapted from the article “Are You In Trouble With A Client?” by Estelle Disch, Ph.D., which appeared in *Massage Therapy Journal*, Summer 1992. Ben Benjamin is the director of the Muscular Therapy Institute in Cambridge, Mass. Estelle Disch has practiced for more than 20 years as a clinical sociologist and psychotherapist in Boston, Mass., and is the co-director of BASTA! (Boston Associates to Stop Therapy Abuse).

What is the Risk Factor Analysis?

The RFA asks very specific questions. Some are about stress you may be experiencing in your life or in your practice. Others are about attractions to patients, interactions with patients, and attitudes towards patients. The questions are based on typical kinds of doctor behaviors and attitudes.

The RFA is meant for you to keep to yourself. It can be taken again from time to time – for example, every six months – to give you a quick idea of your risk level. It can be used independently of the Practice Analysis, which includes more general questions about doctor and staff behavior and attitudes.

How does the RFA Differ from the Doctor Self-Analysis?

The RFA and the Doctor Self-Evaluation Questionnaire (DSE) both ask the practitioner to self-evaluate his or her level of risk. The DSE asks general questions about your behaviors, attitudes, skills, and attributes, and about your staff’s behaviors, skills, and attitudes. The RFA asks very specific questions that are designed to give you a quick idea of the level of risk you are incurring by practicing the way that you do.

By comparing your responses to both questionnaires, (see page 158) you will be able to gain a very clear picture of what *you think* about yourself as a practitioner, and of what *you think* about your staff. This information is a good start, but neither of these self-evaluations can see past your own blind spots.

The rest of the Practice Analysis will either confirm, challenge, or illuminate your ideas about yourself as a practitioner, and about your practice as a whole.

Instructions

Place a check-mark next to the number (1, 2, or 3) of each statement that applies to you. When you have completed the questionnaire, add up all of the numbers that are the same – i.e. add up all the number 1s on a page and write that number at the bottom of each sheet, then do the same for all the 2s and 3s on each sheet. Add up the totals for each number on the last page in the space provided. Directions for assessing your RFA numbers are on the next page.

At the end of the self-scoring section, there are guidelines for comparing your RFA results with the results of the Doctor Self-Evaluation and the rest of the Practice Analysis.

RISK FACTOR ANALYSIS QUESTIONNAIRE

1	I want this patient to like me.
1	I like it when my patients find me attractive. I keep this to myself.
2	Sometimes I schedule the patients that I really like last so that I can spend more time with them.
2	I am surprised by how much I anticipate this patient's visit.
2	I think about this patient frequently.
1	I have not been in a relationship in a long time.
1	I feel lonely much of the time, unless I'm working.
2	With certain patients I have trouble asking to be paid.
1	I talk about my personal life to my patients.
2	I find myself working weekends to accommodate a few patients I like.
1	Some of my patients rely on me a lot.
2	I feel as if I am under tremendous pressure.
1	I like it when my patients look up to me.
2	I feel like I have very little to give lately.
2	My relationship with my significant other(s) isn't meeting my needs.
3	I've sometimes touched patients in inappropriate ways.
3	I've had sex with patients.
3	I've had sex with patients in the office.
2	I dress particularly well when I know one or more of my patients has an appointment that day.
1	I fantasize about what it would be like to have sex with some of my patients.
2	I'm not charging one or more of the patients to whom I'm attracted.
2	I have some of my patients take off more of their clothes than they really need to remove.
2	I sometimes sneak looks as patients are undressing.
2	I believe it's okay to date my patients.
2	I sometimes tell dirty jokes to my patients.
2	I like doing treatments in those areas of patient's bodies that are close to their erogenous zones.
2	I compliment patients when I think they look nice.
1	This patient feels more like a friend.
2	I often tell my personal problems to one or more of my patients.
2	I feel sexually aroused by one or more of my patients.
3	I'm waiting to dismiss this patient so that we can become romantically involved.
2	To be honest, I think that good-by hugs last too long with one or more of my patients.
2	Appointments with one or more of my patients last longer than with others.
2	I tend to accept gifts or favors from this patient without examining why a gift was given.

Totals for this page:

1 _____ 2 _____ 3 _____

1	I feel totally comfortable socializing with patients.
1	I have a barter arrangement with one or more of my patients that is sometimes a source of tension.
3	I have had sexual contact with one or more of my patients.
2	I have attended professional or social events at which I knew that this patient would be present.
2	This patient often invites me to social events and I don't feel comfortable saying either yes or no.
2	Sometimes when I'm working on this patient, I feel like the contact is sexualized for myself and maybe for the patient.
2	There's something I like about being alone in the office with this patient when no one else is around.
2	I am tempted to lock the door when working with this patient.
3	This patient is very seductive and I don't always know how to handle it.
2	I have invited this patient to public or social events.
1	I find myself cajoling, teasing, joking a lot with this patient.
3	I allow this patient to comfort me.
3	Sometimes I feel like I'm in over my head with this patient.
2	I feel overly protective of this patient.
3	I sometimes have a drink or use some recreational drug with this patient.
3	I am doing more for this patient than I would for any other patient.
2	I find it difficult to keep from talking about this patient with other people who are close to me.
2	I find myself saying a lot about myself with this patient – telling stories, engaging in peer-like conversation.
3	If I were to list patients with whom I could envision myself in a sexual relationship, this patient would be on the list.
3	I call this patient a lot and go out of my way to meet with him/her in locations convenient to him/her.
2	This patient has spent time at my home.
3	I often tell my personal problems to this patient.
3	I enjoy exercising my power over some of my patients.
3	I'm going through a crisis at this point in my life.
2	Sometimes I'm afraid I might burn out.
3	I need someone to take care of <i>me</i> .
3	If a patient consents to sex, it's okay.

Totals for this page:

1 _____ 2 _____ 3 _____

Totals for both pages:

1 _____ 2 _____ 3 _____

The Risk Factor Analysis questionnaire is used with direct permission of Angelica Redleaf.

If you have checked off even one number 3: You are at risk. Know that you are a ticking time bomb who could potentially hurt yourself, your patient(s) and your profession! You would be very wise to get help from a therapist, consultant or significant other. You also should consider getting training in this area. Ignoring your high risk or attempting to get through this by yourself might be very unwise.

If you have checked off more than three number 2s: You have the potential for problems. The more number 2s you check off, the more your risk factor increases. You could use some help in getting yourself on track concerning professional boundaries.

If you checked off more than five number 1s: You may be overstepping your professional boundaries. You might not be in danger of overstepping them sexually, but you still could find yourself losing your effectiveness as a health provider. Be aware of your attitudes about patients, yourself, and your practice.

During times of stress and personal loss, we are more likely to overstep our professional boundaries. There are training sessions available that address the questions of boundaries and sexual misconduct, and there are therapists, mentors, friends, and colleagues who could help you at such times. Your risk is greatest when you attempt to go through such a transition all by yourself.

Redleaf A, Baird SA. Behind closed doors: gender, sexuality, and touch in the doctor/patient relationship. Westport, CT: Auburn House, 1998: 131-135.